



EXHIBIT 1 — Decatur Memorial Hospital

Schedule of Income Guidelines

AS OF APRIL 2022

Based on Gross Family Income as published by the Department of Health and Human Services (<https://aspe.hhs.gov/poverty-guidelines>)

PART I

Automatic discount applied to gross charges before the first statement for all uninsured—75%

PART II

Cooperation based uninsured discount if below 300% of the Federal Poverty Guidelines

Gross Family Income as a percent of Federal Poverty Guidelines

Family Size	Federal Rate as of 01/12/22	300% of Federal Rate	301% +
1	\$13,590	\$40,770	
2	\$18,310	\$54,930	
3	\$23,030	\$69,090	
4	\$27,750	\$83,250	
5	\$32,470	\$97,410	
6	\$37,190	\$111,570	
7	\$41,910	\$125,730	
8	\$46,630	\$139,890	
For each additional person	\$4,720	\$14,160	
Patient Discount on Gross Charges		25%	0%
Automatic Uninsured Discount		75%	75%
Total Uninsured Discount		100%	75%

PART III: Maximum Patient Out-of-Pocket Responsibility

After application of Parts I and II, the maximum amount that may be collected from an uninsured patient who has qualified for financial assistance in a 12-month period is 20% of the patient's family income.